

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000393

**Entity Name:** THE WELL OF LIFE, INC.

**Current Principal Place of Business:**

4131 NW 13TH ST.  
SUITE 224  
GAINESVILLE, FL 32609

**Current Mailing Address:**

P. O. BOX 1087  
ALACHUA, FL 32616

**FEI Number: 46-3403770**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CURTIS, NATRON A  
14326 NW 158TH AVE  
ALACHUA, FL 32615 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO, PRESIDENT  
Name CURTIS, NATRON A  
Address PO BOX 1087  
City-State-Zip: ALACHUA FL 32616

Title VP, SECRETARY, CFO  
Name CURTIS, KENYATA  
Address PO BOX 1087  
City-State-Zip: ALACHUA FL 32616

Title COO, DIRECTOR  
Name BANNIS, BENITA  
Address 5008 NW 44TH LANE #101  
City-State-Zip: GAINESVILLE FL 32606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NATRON CURTIS**

**CEO/PRESIDENT**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date